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CONFIRMATION NO. 4876

<b>SERIAL NUMBER</b> 10/660,429	<b>FILING OR 371(c) DATE</b> 09/12/2003 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> HAR-001	
<b>APPLICANTS</b> Michael F. Harris, Rougemont, NC; <b>** CONTINUING DATA *****</b> <i>TKM</i> <b>** FOREIGN APPLICATIONS *****</b> <i>TKM</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 12/04/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance <i>TKM</i> Verified and <i>TKM</i> Acknowledged <i>TKM</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Rodney L. Sparks 4931 Lake Tree Lane Crozet, VA22932					
<b>TITLE</b> Methods for the treatment of HIV and other viruses					
<b>FILING FEE RECEIVED</b> 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing.Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		